THE

SIXTH ANNUAL REPORT

OF THE

MOUNT HOPE INSTITUTION,

NEAR BALTIMORE,

FOR THE YEAR 1848.

By WILLIAM H. STOKES, M. D.

BALTIMORE:
PRINTED BY JOHN MURPHY,
No. 178 MARKET STREET.
1849.

For Governors

THE

SIXTH ANNUAL REPORT

OF THE

MOUNT HOPE INSTITUTION,

NEAR BALTIMORE,

FOR THE YEAR 1848.

By WILLIAM H. STOKES, M. D.

BALTIMORE:
PRINTED BY JOHN MURPHY,
No. 178 MARKET STREET.
1849.

Digitized by the Internet Archive
in 2013 with funding from
This project is made possible by a grant from the Institute of Museum and Library Services as administered by the Pennsylvania Department of Education through the Office of Commonwealth Libraries

https://archive.org/details/vol1848annualrep00moun

An account of the advances made in the treatment of the Insane—the system of moral management here pursued—our external and internal appointments and arrangements for relieving those afflicted with mental disorder.

As it is highly important, that the community should understand the treatment and general policy now pursued towards the insane, it is necessary occasionally to enter into a detail of the various means comprehended under the head of moral treatment—means which are now deemed so essential to the correct and successful management of this class of patients. This repetition of what may have been alluded to in former reports, would seem to be the more demanded, inasmuch as many erroneous impressions are still prevalent in society, in relation to the system adopted at the present day for the relief of the insane. The advances made of late years in this department of medicine, have no parallel in the whole range of the healing art. There is no fact more undeniable, than, that it is only since about the commencement of the present century that any thing like a humane and rational system of treatment has been adopted. This great neglect of the principles of treatment in cases of insanity must excite the astonishment of every reflecting mind. That so many centuries should have rolled round and scarce a ray of light dawned on the human mind as to what constituted the true interests of the insane, is a most inexplicable fact. In a humane and Christian nation, the insane were exhibited for money, and left in dirt, hunger, and universal neglect, at least two nights and one day in seven, to allow their keepers a holiday. Every idea of an insane asylum was then tinged with horror. Bleeding, purging, vomiting, prescribed periodically, and brutality practised habitually, made up the sum of treatment to which the wretched maniac was long exposed. Nor was cruelty then an accident, or an obscure abuse. It was practised as a system, supported by all authority. We must be impressed with a fearful sense of the atrocities that were common in asylums before the time of Pinel, in France, when we read the deliberate sanction

given to severity by so calm and judicious a physician as Dr. Cullen. After perusing the pages in which he so admirably expounds his theory of insanity depending upon different portions of the brain being unequally excited—a theory which could scarcely be amended at the present day; and his very sensible observations on the medical treatment of the disorder, to which much could not even now be added, it is shocking to find him giving his great authority to the employment of *fear* as a means of conquering the disease, and to the actual employment of stripes and blows. "In most cases," he says, "it has appeared to be necessary to employ *a very constant impression of fear*, and therefore to inspire them with the awe and dread of some particular persons, *especially of those who are to be constantly near them.*"

"How universally," Dr. Conolly remarks, "these principles prevailed, and in how many dungeons of horror they were carried into daily effect, it is dreadful even to imagine; for the directions for doing so were precise and remorseless." "This awe and dread," Dr. Cullen continues, "is, therefore, *by one means or other, to be acquired.*" The principle here inculcated is not recognised, at the present day, as applicable to any case of insanity whatever—*kindness and employment* constitute now the *fundamental elements* in the moral treatment of the insane. But to show what an entire revolution every thing connected with the management of the unfortunate lunatic has undergone, we may be permitted to present a sketch of some of the arrangements here provided for his relief and care.

And first I will notice the pains taken to *relieve the mind of the patient of the idea of his being confined in a prison.*

There is one feature connected with this institution, which entirely relieves it of every appearance of a place of confinement, and gives to it exclusively the character of an agreeable retreat; and that is its entire freedom from bars and bolts, and even the customary enclosure of a high wall. There is nothing here of this kind, that could offend the most delicate and fastidious taste. Whilst our arrangements are such as abundantly insure protection to life, and the security of the patient, no pains or expense have been spared to make these compatible with cheerfulness, healthy locality, and other internal and external arrangements necessary for the comfort and ease of those committed to our care. These endeavors to divest it of every thing calculated to suggest to the mind the idea of imprisonment have been successful in an eminent

degree. And when it is remembered that most of our patients come from the higher walks of life, and are persons of tender sensibilities and cultivated taste, and in whom education has called the higher faculties into life, the advantage of the pleasant scenery, and the unembarrassed view over the surrounding country, from every window of the building, cannot be too highly estimated. We have witnessed enough fully to satisfy us, that impressions thus made, even from external nature, exert a potent remedial influence over the mind diseased. But this cannot create surprise, when it is recollected, that the whole faculties of the mind are seldom implicated in the disorder. Many persons are now inmates of this asylum, whose senses are as perfect, and whose feelings are as acute, as those of the perfectly sane. In affections of the intellect—that is of the reasoning powers—the feelings, the sentiments, are often unaffected—and it is by skilfully working upon the healthy characteristics of the mind, that we often most successfully combat with the disordered perceptions and inclinations. In these we possess a powerful moral fulcrum upon which to place our lever. And there is no feeling more general—more universally implanted in the human breast, than the sympathy with the beautiful objects of nature. Few are they, however uncultivated their faculties may be, who do not derive much satisfaction from the lovelier aspects of nature, and who do not experience lively emotions of pleasure from the contemplation of the grand and beautiful of the Creator's works. Even in the populous city, the pent-up artisan has a bird, to sing to him, whilst he works, and a few flowers, which he cultivates with care. Now we must not neglect such instincts and capacities, if we would succeed in restoring diseased minds to their healthy balance. From these considerations, the founders of the institution have wisely aimed to render its external aspect rather cheerful than imposing, more resembling a beautiful retreat from the noise and excitement of the world, than a place of seclusion and imprisonment. In its whole construction, the fact has been steadily kept in view, that the mind of the poor patient is in a morbid condition—perhaps sinking under the weight of accumulated imaginary misfortune—borne down to the earth by despair, fancying that he is against all the world, and all the world against him, coloring every thing with his diseased fancy. Take such a person to a prison, or an asylum having all the features of one, and what can be expected—a

cure? No! an aggravation of the malady under which the party is laboring.

Besides the advantages of *beautiful scenery, healthful location,* and the *absence* of every thing likely to strike the eye *unpleasantly,* the *internal arrangements* are such as to reconcile the stranger at once to his new home. The corridors are always scrupulously clean and neat, and, to prevent noise, are handsomely carpeted. The sleeping apartments are furnished in a very appropriate and becoming style, and are provided with all the little comforts and conveniences that the higher classes are accustomed to. Even the service of the table is in strict accordance with the habits of the patients of this class, and conformable to their previous tastes. By these means, the sense of banishment from home, and of confinement, and the consciousness of mental infirmity and dependence, are mitigated in the mind of many a silent and uncomplaining patient. By arrangements such as these, we have aimed to make the associations connected with the institution as pleasant as possible; and on all occasions we seek to exclude from the mind the idea of his being in a place of imprisonment. Thus whilst we direct their attention to the agreeable parts of their residence with us, we keep as much out of view as possible whatever is of a less gratifying character. And we have the gratification to know, that our efforts in this respect, are duly appreciated and remembered when the patient recovers. For many, after leaving, pay us frequent visits, often in company with their immediate relatives and friends; and with fervent expressions of gratitude for the means employed, under Providence, for their restoration, have shown, that, their recollections of the institution were far from being of a painful character. These visits, and the many kind and affectionate letters, we are constantly receiving from our restored patients, are most gratifying to our feelings, and are well calculated to afford to all concerned in producing these results, some of the purest and highest rewards that could be given for the performance of arduous and trying duties.

ATTENDANTS.

The duties which attendants on the insane are called on to discharge, are acknowledged by every Physician and Superintendent to be of a most difficult and responsible character. They rightly judge, that no one, not possessed of the most humane disposition, and accustomed to the exercise of a philanthrophy

which nothing can weary, and a judgment which hardly any thing can disturb, is fitted to engage in this high and holy office. In an institution for the insane, nothing can compensate for the want of faithful and competent assistants. However gorgeous and imposing may be the architectural embellishments of the buildings; whatever the ability, zeal, and activity of the Physician, it is, at last, on the character of the *corps of attendants* that must mainly depend almost every thing relating to the comfort and well-being of this afflicted class. Unless they are humane, cheerful, good-natured, and capable of entering heartily into the views of the Physician, the patients will necessarily be deprived of most important aids to their recovery. Their tempers are often severely tried; they are compelled frequently to submit to great personal abuse; are liable to be kicked, spat at, and occasionally foully abused by those who conceive themselves to be most unjustly deprived of liberty, and who therefore feel authorised to adopt any means within their power to resent an imaginary illegal interference with their free agency. How essential therefore is it, that the attendant should possess great command of temper! How important that he should be able to maintain a placid, unruffled, even temper of mind, under every possible circumstance that may occur. But to stand with impunity, and with a perfect equanimity the abuse often levied most unsparingly against them, it requires something more than great self-possession. It requires that they should be sustained under these circumstances, by some holier incentive than any mere human motive. The Sisters of Charity, sustained by the highest and holiest of all the considerations that can influence human action, and looking for their crown and reward not to this world but to the life beyond the tomb, are enabled to withstand, without a frown of displeasure, the utmost contumely and bitterness of language that the unconscious maniac can heap upon her. Here by the couch of the most sorely stricken and suffering of earth, amidst the wildest excitement of frenzy, they stand calm and self-possessed, ready to bestow freely upon them, their profound sympathies, and charitable offices. Whatever may be the abuse heaped upon them, however much the patient may repel and resist their attentions, they do but the more endeavor to soothe the tempest of the mind, by expressions of tender solicitude, and by oft-repeated acts of kindness. With untiring patience, they strive the more to extract the thorn which alone is the portion of so many, or else by sympathy and consolation, to mitigate the

sufferings it occasions. They seem to feel, that those to whom life's flowers are denied, should suffer as little as may be of life's pain, or at least not suffer it unshared, as if their sole concern was how much of human suffering it might be their privilege to lighten or remove. And by the smile of happiness and contentment that brightens their countenance as they minister to the wants of these poor sufferers, they teach a truth that the self-indulgent can never learn, or at least can never realize; that the *true delight* of earth has its roots in *sacrifice* and *self-denial;* springing from such a stem, they are flowers that never fade, but bear their blossoms to another world untouched by the winter of the grave.

But it is at the period of convalescence, that the services of a judicious and skilful attendant are especially needed by the insane, in order rightly to lead the returning faculties into more healthy and rational channels. There is a certain dexterity and tact, which can alone be acquired by long familiarity with insanity in all its diversified shades and phases, and which enables their possessor to accomplish much good in controlling the morbid fancies of the patient, and in properly directing his thoughts, feelings, and affections. The judicious nurse and attendant will look with watchful eye for the earliest signs of recovery, and the moment the first glimmerings of right reason display themselves, will endeavor to promote the progress of improvement thus begun. She is quick to discern the first indications of this, in an altered language, or dress, or manner, and she well knows how much now depends on the manner in which these are met and treated. If neglected, they may pass away for ever, and the patient speedily glide into a darkness of mind of deeper gloom than before. Patients, therefore, at this critical period, require much delicate attention. Recollections, that were lost in the past excitement, first begin to come back dimly and irregularly, and with them past feelings and affections return, as a remembered dream. In female patients we often now witness severe fits of sobbing and crying, and broken expressions escape them relative to their past history, their errors, their griefs, their home, and those who loved them. They are, at this time, particularly sensible to kind words, but easily disturbed by violent impressions or painful emotions; and it is now, when an indiscreet word, an unkind rebuke, may effectually retard recovery, that all the Physician's trust, and all his hope, rest on the judicious aid of a kind and gentle attendant. None can better appreciate than he the importance of the patient's having, at this critical mo-

ment, a nurse of intelligence and humanity. The happy manner in which the Sisters manage this interesting period, when the mind is beginning to release itself from the bondage of insane delusions, has been so often alluded to in former reports as to seem almost a useless repetition. Nevertheless as this is the distinguishing characteristic of the institution—the having the Sisters of Charity for nurses and attendants—a report of its system of management would be imperfect without a reference to the subject.

As regards the *male attendants*, who, under the supervision and direction of the Sisters, attend upon the male patients, they are encouraged in every way, to treat the patients under their charge with the utmost forbearance, kindness, and gentleness. The duty of abstaining from the use of violent or intemperate language, is carefully and constantly impressed upon them. Whatever may be the provocation, not the remotest semblance of a shade of retaliation is ever countenanced or even tolerated. They are instructed not even to talk to the patients in a loud and scolding manner, but always to be gentle, courteous, and kind. They are not allowed to persevere in arguing with them, or to contradict them, or to reproach them for their faults, but a continued exercise of forbearance and uniform good will is required from all.

DIET.

Our diet is always abundant and of the best quality. It is simple and plain, but substantial and good. We are perfectly convinced that a rather generous diet of a mixed kind is more generally adapted to the treatment of the insane than one of a lowering or antiphlogistic nature: but it must, of course, be conformable to the general curative plan of the individual patient. We use none but the best of meats, and the choicest brands of flour. Coffee in the morning, and tea in the evening, are furnished to all. Animal food is used once a day, and sometimes twice, and vegetables in profusion and sufficient variety. We never hear any complaints of the food, and as but one kitchen supplies the whole establishment, all participate in the same quality of food. Though there are several different tables, according to the classes into which the patients are divided, yet there is no distinction in regard to the quality of the food served up. As we acknowledge no superior grade among our patients, so we have no other table of distinction, than that made necessary by the greater or less degree of ability possessed by the patient to con-

duct himself with decorum and propriety. Our only aristocracy is that established by good conduct, and our only penalties are the deprivation of some real or fancied privilege. In proportion as the power of self-control increases, and the patient becomes better capable of deporting himself with propriety, his privileges are extended, and he is gradually promoted to the society of the sane.

AMUSEMENTS.

Besides the means of recreation already alluded to, *the Pond* presents many attractions. When wearied with other pursuits, the patient may take his rod and line, and enjoy the quiet and absorbing amusement of angling. He finds the Pond in the valley abundantly stocked with fish—ever ready to take the tempting bait. Or he may, with an attendant, seat himself in the boat, and participate in the healthful recreation of rowing. Indeed the pond is always a favorite place of resort, and the sport of fishing, from the manner iu which it engages the whole attention, is well calculated to divert the thoughts from their morbid current, and thus break up the chain of morbid feeling. Through means of the interest thus awakened, several cases have been perfectly restored to mental soundness. Every one who has enjoyed the sport of angling, knows full well how entirely it seizes upon and takes captive all the faculties of the mind, and how utterly engrossed the individual becomes in the object before him. Just so with the insane. His attention is unconsciously detached from the subject upon which he has morbidly fixed it, and it becomes engaged upon an object interesting and attractive to him. This is an amusement admirably adapted to divert and seduce the thoughts from their morbid current, and to direct them into healthier channels. Thus is most advantageously and successfully carried out the principle which constitutes with us the fundamental element of our moral treatment:—that is, *to furnish the patient with such innocent recreation, useful occupation and amusement, as will tend to interrupt the disordered train of his thoughts and feelings, and serve to ameliorate and strengthen his general health.*

REPORT OF THE PHYSICIAN.

Having completed another year of our connection with this institution, it becomes our duty to exhibit a statement of its condition during that period.

As we take a retrospective view of the events of the past year, we feel constrained to record our gratitude to the Supreme Ruler of the Universe for the innumerable mercies and blessings extended to its inmates, and to all those charged with the duty of superintending its interests. The Almighty has been graciously pleased to continue to us his merciful protection, and afforded us that gracious aid, to which we are indebted for the privilege of now reporting, that our efforts to advance the benevolent designs of the founders of the institution have been crowned with a success which will, we trust, be no less gratifying to them, than satisfactory to the public. Indeed, in no former year have our efforts to improve the condition of the increasing number of its inmates been more successful, and never before have we enjoyed the high gratification of returning so many violent cases to their friends and to society in the full possession of their right reason. During the past year too, we have viewed, with peculiar feelings of pleasure and satisfaction, the increasing order and regularity with which the operations of the establishment have been conducted; and notwithstanding the rigid enforcement of those wholesome rules and regulations which are necessary in a curative point of view, never have we witnessed more of cheerfulness and happy contentment amongst the members of this extensive household. It affords us, too, unmitigated pleasure to report, that the general health of the institution has been remarkably good during the past year. Indeed, with our elevated situation, pure air, excellent water, and the regulated habits of living of both patients and all residing in the institution, we have never yet had to complain of any severe disease originating in the house. Most of the deaths have occurred amongst those who had labored a long time under some incurable form of insanity, and whose systems had been gradually exhausted by frequently recurring and long continued paroxysms of maniacal excitement, or by some hopeless disease which had complicated the insanity.

RECAPITULATION.

TABLE I.

Showing the number of Insane admitted into the Insane Department from January 1st, 1848, to January 1st, 1849.

Whole number of patients in Insane Department, exclusive of cases of mania a potu,*			144
Males	59	144	
Females . . .	85		
At the commencement of the year, ...			54
Males	19	54	
Females . . .	35		
More than 12 months duration, .	36	54	
Less " " " .	18		
Admitted in the course of the year, ...			89
Males	39	89	
Females . . .	50		
More than 12 months duration, .	42	89	
Less " " " .	47		

TABLE II.

Showing the number of cases of Mania a Potu admitted into the Insane Department from January 1st, 1848, to January 1st, 1849.

Whole number of cases of mania a potu, ...			79
Males	69	79	
Females . . .	10		
Whole number of Insane admitted under treatment, .			144
Whole number of cases of mania a potu, ...			79
Making an aggregate in Insane Department of . .			223
Insane patients remaining at the end of the year, . .			59
Males	21	59	
Females . . .	38		

* Although the Insane and the cases of mania a potu are recorded together as usual in the general Register, the statistics of the two classes are preserved entirely distinct in the Recapitulation.

More than 12 months duration, .	47	59
Less " " " .	12	

Cases of mania a potu remaining at the end of the year, 3

Males	3	3
Females . . .	0	

Whole number of patients in Insane Department at the end of the year, ... 62

TABLE III.

Showing the number of discharges, deaths, and the condition of those who left the institution, from January 1st, 1848, *to January 1st,* 1849.

Insane patients discharged, ... 84

Males	38	84
Females . . .	46	

Recovered, ... 38

Males	12	38
Females . . .	26	

Patients prematurely removed, ... 38

Males	20	38
Females . . .	18	

Eloped, ... 2

Males	1	2
Females . . .	1	

Died, ... 6

Males	4	6
Females . . .	2	

Cases of mania a potu discharged recovered, ... 75

Males	65	75
Females . . .	10	

Died, ... 1

Total number of Insane discharged recovered, ... 38
Total number of cases of mania a potu discharged recovered, ... 75

Whole number of patients discharged recovered, . . . 113

TABLE IV.

Showing the civil condition of Insane Patients from January 1st, 1848, to January 1st, 1849.

	Males.	Females.	Total.
Single	42	26	68
Married	17	41	58
Widows	00	15	15
Widowers	3	00	3
	62	82	144

Showing the civil condition of the cases of Mania a Potu from January 1st, 1848, to January 1st, 1849.

	Males.	Females.	Total.
Single	23	00	23
Married	45	10	55
Widows	00	00	00
Widowers	1	00	1
	69	10	79

TABLE V.

Showing the form of disease under which those have labored who have been admitted into the Insane Department.

Of those laboring under mania,	38
" " the melancholic variety,	35
" " the epileptic variety,	3
" " the suicidal variety,	5
" " senile insanity,	5
" " monomania,	1
" " dementia,	41
" " moral insanity,	6
" " mania a potu,	79
" " hypochondriasis,	2
" " general paralysis,	4
" " puerperal mania,	4
	223

A reference to the above table will show that 41 of the whole number of the insane in the house during the past year were affected with that form of mental derangement termed Dementia. This is the condition to which insane persons, if they do not recover, are in general sooner or later reduced, and of most of these 41 it may be said, that their intellectual powers have become irremediably impaired. They are incurable. And yet it must not be supposed that these poor unfortunates pass their existence here unprofitably and without useful employment. Not a few of them are capable of being occupied in mechanical occupations. Females knit or sew, or perform any work with their hands to which they have been previously habituated; and men draw, or write letters or sentences, in which, however, their imbecility is generally conspicuous. The physical health of the patients thus affected is in general tolerably good; some indeed are exceedingly fat, have good appetites, digest their food well, sleep well, and if in the previous stages of their disease they had become emaciated, they have often been observed to recover an extraordinary degree of plumpness on the approach of dementia. Hence an unfavorable prognosis in cases of maniacal disease may almost invariably be formed, if there is a return of physical health without a corresponding improvement in the state of the mental faculties.

Mania occupies the second rank in point of numbers, and melancholia the third. Great anxiety is inseparable from the cure of many of the cases of melancholia, in consequence of a tendency to suicide. Although in most of the cases this tendency is only occasional and paroxysmal, lasting a few days or weeks at a time, and then for some time disappearing, there are patients (chiefly those affected with vague religious fears) in whom the tendency is continual, and who can never be trusted alone or out of sight. Five are enumerated, as having previous to admission, attempted to commit suicide. It affords us great gratification to be enabled to state, that in all of these cases means have been found to soothe and comfort the minds of the patients, and, apparently, to reconcile them to life. They have been closely watched, as long as it was deemed necessary, during the day, and placed in rooms with other patients, or with an attendant by night. Every instrument of danger, or obvious means of self-destruction, has been kept out of their way; and no measure likely to restore cheerfulness has been omitted. This is the general plan resorted to by us. But in almost every case of this kind, the bodily health is manifestly dis-

ordered: and when proper remedial means are applied, the propensity to suicide is weakened, or disappears. Redness of the tongue; disinclination for food; irritable bowels; feebleness and emaciation; cold hands and feet; are not uncommon symptoms. In other cases, a loaded tongue, obstinate constipation, and appearance of hepatic disorder are observed. Both of these descriptions are chiefly applicable to patients between forty and fifty years of age. When submitted to proper remedial treatment, they commonly improve, although very slowly; the health being usually, or at least often, impaired beyond the hope of perfect restoration. It is impossible for attention to the patient to be too vigilant, but not at all impracticable to establish such systematic vigilance on the part of the attendants as will afford security. To torment these unhappy patients with bodily restraints, would only tend to fix the morbid determination more deeply in their minds.

Moral Insanity occupies the next position in point of numbers. In this form of mental disorder there exists a perversion of the instincts and affections, which renders the individual a scourge to all around him, and which is yet unattended with mental delusion. These are turbulent, unmanageable beings, choleric in disposition, committing various censurable acts, which they are always ready to justify by plausible reasons; and who become to their friends and family a continued source of inquietude and grief. They commit mischief for amusement, malice, or wickedness, and are incapable of application or labor. They break, disarrange, and destroy every thing. Individuals afflicted by this partial perversion of the disposition, commit out-of-the-way actions, and maintain the most singular and absurd conversation, well knowing all the while what they do and what they say. The understanding suffers no lesion; the patient is enabled to justify his proceedings with a surprising connection, and lucidity of ideas and expressions. There is but an instinctive perversion—a general exaltation of the bad propensities, but rarely to the extent of insanity. There seems an innate perversion of the affections and propensities, but certainly not to an extent to warrant in all cases seclusion in an asylum. The moral discipline and restraint, however, to which they can readily be subjected in a properly conducted institution, may be productive of the most salutary effects. But as the moral constitution has to be almost remodelled and the better feelings of the heart re-invigorated, a protracted residence under such circumstances is necessarily required. This form of mental derangement

is evidently increasing in our country, and the principal causes to which this augmentation is attributable are a *faulty education* and over indulgence in early life, and the immoderate indulgence in the reading of works of fiction at a period of life when the imagination and feelings are liable to be unduly awakened and inordinately excited, without the judgment and reasoning powers being strengthened in a corresponding degree. By faulty education we allude more especially to that want of moral training which it is the duty of every parent to subject his child to at the period of life when his feelings and affections are readily malleable, and may be rightly directed and moulded. Moral insanity is apt to result in later life, if the parent does not sufficiently restrain the caprices and the temper of the child, and if he neglects to check any occasional transports of excessive irascibility. By a too great indulgence, and a want of moral discipline, the passions acquire greater power, and a character is formed subject to caprice and to violent emotions. This unchecked liberty of action degenerates as life advances, into an unbridled licentiousness; and thus a predisposition to insanity is laid in the temper and moral affections of the individual. In such cases the moral derangement is not the growth of a day or a week; frequently it is the product of years, the germ being generated and the seed often sown in early life. The origin of this perversion of the moral sentiments can often be traced back to a very early date, when it assumed no other form than that of caprice, (a very suspicious symptom at all times,) self-will, ungovernable passion, want of self-control, a tendency to excessive dislike—to motiveless dislike—a pleasure in acts of cruelty, and an irascible, irritable temper. As they grow up, they are wont to give way to violent ebullitions of passion, and are incapable of being influenced by reasons adduced to show the groundlessness of their outbreaks. They display their angry feelings without an adequate cause, or give vent to them out of all proportion to the cause. During the developement of their minds, particular ideas, incompatible with the comfort. order, and accustomed habits of those about them, are evinced and pertinaciously acted upon. Selfishness becomes the ruling motive; and spite, malignity, taciturnity, and dogged perverseness are manifested in return for the mildest check placed upon their unruliness. At last there ensues a fixed perversion of the moral feelings and affections: a propensity is manifested to commit every kind of mischief, and to display the utmost malevolence, without any ground

of provocation. A deadly hatred is conceived for the nearest relative, as the father or mother. This is not a fancy sketch, but is a faithful portraiture of more than one of the six who have been consigned to our care during the past year for *moral insanity.* In these cases, over indulgence, novel reading, and dissipated pleasures doubtless operated in promoting the developement of deleterious passions, by exciting the imagination and the finer sympathies of our nature to a morbid degree of exaltation, and substituting an ideal for the ordinary standard of excellence.

TABLE VI.

Showing the duration of the disease on admission.

	Males.	Females.	Total.
Less than 1 month,	9	10	19
From 1 to 2 months,	9	12	21
" 2 to 6 "	5	9	14
" 6 to 12 "	2	6	8
" 1 year to 2 years,	10	5	15
" 2 " to 5 "	12	6	18
" 5 " to 10 "	6	19	25
" 10 " to 20 "	2	4	6
Unknown,	4	14	18
	59	85	144

TABLE VII.

Exhibiting the supposed cause of the Disease in the cases of Insanity admitted this year.

Ill health,	19
Strong hereditary predisposition,	27
Unknown,	29
Climacteric period,	13
Family affliction and trouble,	9
Disappointment,	4
Nostalgia,	3
Faulty education,	4
Too close application to duties and business,	4
Epilepsy,	3
Religious excitement,	2
Intemperance,	2
Old age,	5
Abuse of narcotics,	4
Puerperal,	4
Paralysis,	4
Suppressed eruption and discharges,	5
Fright, exposure, &c.,	3
Total	144

A knowledge of the causes of insanity, it will be admitted, is of paramount importance at the present time, both because of its bearing upon the treatment of the malady, and still more in consequence of the relations of such knowledge to prophylactic measures, and to rational plans of mental hygiene. The *prevention* of so terrible an infliction as insanity is, must be of infinitely more importance than its cure. And this subject assumes increasing interest and importance in our day, when, on every side, indications abound of the increasing prevalence of mental disorders, and when it is considered that many of the circumstances known to lead to them are of much more frequent occurrence now than formerly, and are more influential in exhausting and weakening the mental powers in the present state of society than in former epochs of civilization. In the above table, it will be perceived that twenty-seven are attributed to *strong hereditary predisposition*, and nineteen to *ill health*. No one, who has directed the least

attention to this subject, can doubt, that a constitutional tendency, either existing hereditarily, or acquired by early indulgences, by vicious modes of early instruction, &c., operates more extensively and powerfully in the production of insanity, than all the other causes taken together. And perhaps this previous predisposition either hereditary or acquired, existed in most of the cases ascribed to some form of ill health. In considering, therefore, the operation of the class of causes comprised under the general term of ill health, it should not be overlooked, that it is often extremely difficult to determine whether the disorder originates in the brain—the other organs sympathising with it—or whether the disturbance of the mental powers is altogether owing to disease of viscera remote from the brain. It is often impossible to determine with precision which was primary. But this fact is well established—namely, that where a predisposition to insanity already exists, disease of any of the organs with which the brain sympathises, is exceedingly apt to occasion the developement of some form of mental disorder. So intimately associated are all the organs of the body, that serious disease seldom exists in either, without the functions of one or more of the others being remarkably disturbed; and when visceral disease occurs in a person who has an hereditary or an acquired predisposition to mental derangement, the former is often the cause of the developement of the latter. Of this class of causes, habitual constipation, sub-acute inflammation of the gastro-intestinal mucous membrane, functional disorders and organic lesions of the uterus, and diseases of the biliary and urinary organs, are the most important. It is a curious fact, that it is chiefly when these visceral maladies appear in an obscure and insidious manner, and proceed slowly, that the functions of the brain become disordered.

It will be remarked, that quite a large number of cases have occurred in females about the *climacteric period of life*. This is assigned as the cause in thirteen cases. Most of these have presented themselves to us in the form of melancholia, and are supposed to have been dependant on the changes taking place in the constitution at that time of life. These cases are of frequent occurrence, and the symptoms are so uniform that it is impossible not to believe that the female system is rendered in many cases strongly susceptible, between the 42d and the 48th year of age, of this distressing form of mental disturbance. They are generally characterized by restlessness, anxiety, and a fretfulness

long inexplicable by the relatives; a short attack of maniacal excitement then supervenes; delusions arise, and the faculties seem afterward to be oppressed or enfeebled; the patients are sunk in perpetual gloom, and seldom speak; and this state lasts many months, or a year, or two years. A dread of poverty, and much consequent ingenuity in avoiding expense,—together with a needless anxiety concerning the health, or sanity, or personal safety of their children, are not uncommon symptoms in these patients. They imagine that their children are in prison, or are unable to take care of themselves; or are dead. In these cases, whatever treatment is adopted, the depression seldom wears off soon. It is a form of mental alienation always obstinate, and rebellious under the best regulated treatment. It is apt to run a very protracted course. In an institution conducted on humane and enlightened principles, much may be done to alleviate the intolerable wretchedness and misery of the patient. Removal from home, separation from those the sight of whom but nourishes the insane delusions, regular exercise, gentle and repeated attempts to change the morbid current of thought, and to supply new objects to interest and engage the attention, together with the use of other influences which are readily brought to bear in an institution, all greatly tend to mitigate her sufferings and effect a cure. By the use of these and other kindred measures, the condition and the prospects of the wretched melancholic may be decidedly ameliorated, and most likely cured in an asylum. Whilst the reproaches and harshness,—too often resorted to, to overcome what seems to be mere obstinacy and sullenness,—are but too well calculated to aggravate the disorder of the mind, and to develope the suicidal disposition, which is so incidental to this form of malady. Whereas, if timely removed to an asylum, and submitted to humane, kind, and judicious treatment, the patient will, with time and care, in the majority of cases, be restored to cheerfulness and usefulness.

The abuse of narcotics operated as the efficient cause in four cases. The excessive use of opium is as injurious to the nervous energies and to the mental powers, as addiction to spirituous liquors. In all these instances, which were cases of females, sulphate of morphia or laudanum were used as intoxicating agents; and their ultimate fruits were insanity. Intemperance acted as the cause of the attack of insanity in two individuals. Aural delusions characterized both of these cases, and they

were restored to sanity of mind in about one month. It is now too well established to need any argument at our hands, that there is something in the habitual stimulation of alcohol which is calculated to weaken the reasoning faculty, undermine the judgment, pervert the moral sense, and induce disease in important organs, as the brain and liver, which in many cases leads eventually to mental unsoundness and actual insanity.

TABLE VIII.

Showing the condition of forty-seven recent cases discharged.

	Males.	Females.	Total.
Recent cases discharged, recovered,	13	22	35
" " " improved,	4	00	4
" " prematurely removed,	3	5	8
" " died, ...	0	0	0
	20	27	47

This table is replete with interest, showing how amenable to treatment is insanity in its recent stage. Thirty-five, i. e. thirteen males and twenty-two females, out of forty-seven, were speedily restored to sanity of mind, and enabled to resume their accustomed position in society. Four were discharged much improved but not perfectly restored—whilst eight were prematurely removed by friends without having had the benefit of a fair trial of treatment. In no recent case was there a fatal termination. In most of the cases that recovered, the restoration was effected most speedily when the patient was removed to the institution immediately after the malady developed itself. In none of them, have we heard of a single instance of a relapse. They continue in the full enjoyment of mental health, and several are said to exhibit more vigorous powers of mind, a sounder and better judgment, and to display a warmer and deeper affection than they were ever known to do.

TABLE IX.

Showing the condition of thirty-seven chronic cases discharged.

	Males.	Females.	Total.
Chronic cases discharged, recovered,	1	4	5
" " " improved,	11	8	19
" " prematurely removed,	3	4	7
" " died, ...	4	2	6
	19	18	37

On contrasting the results of treatment furnished by these two tables, VIII and IX, we observe what a marked influence has the *previous duration* of the disease upon the curability of insanity. Our efforts were only successful in five cases of the thirty-seven chronic cases discharged in the course of the year. We thus perceive how very much greater is the chance of recovery in the early than in the advanced periods. It is exceedingly important to bear in mind the immense difference in the curability of insanity in recent and in chronic cases. When subjected to early and judicious treatment, the proportion of cures is even greater, than in any other malady equally acute. Of those in whom the insanity is of less than twelve months duration, the ratio of recoveries may be stated to be ninety per cent.; whilst of the chronic cases it is only, under the most judicious treatment, about fifteen and a half per cent. Although there exists this marked difference, yet should we not despair of any case until every resource has been exhausted, and the fairest trial has been given to well directed and long continued remedial efforts. Cases are not wanting to prove that the mind may recover even after many years have been passed in a state of insanity. Recovery has taken place after the mental disease has continued twenty years, or even longer, especially upon the establishment of a natural or of a suppressed discharge, or of suppuration, or some extensive counter irritation. These facts are sufficient to prove that, from the long duration of the disease alone, recovery is not altogether to be despaired of. The advantages of early treatment will be more convincingly shown by tracing the issue in all the recent cases admitted into this institution since its commencement.

TABLE X.

1843	Recent cases discharged: recovered,	10			
	" " prematurely removed, . . .		2		
	" " died, ...			0	
1844	Recent cases discharged: recovered,	13			
	" " prematurely removed, . . .		6		
	" " died, ...			0	
1845	Recent cases discharged: recovered,	30			
	" " prematurely removed, . . .		5		
	" " died, ...			0	
1846	Recent cases discharged: recovered,	16			
	" " prematurely removed, . . .		7		
	" " died, ...			1	
1847	Recent cases discharged: recovered,	31			
	" " prematurely removed, . . .		12		
	" " died, ...			1	
1848	Recent cases discharged: recovered,	35			
	" " " improved, ...				4
	" " prematurely removed, . . .		8		
	" " died, ...			0	
		135	40	2	4

Thus of one hundred and eighty-one recent cases discharged in six years, one hundred and thirty-five were restored to sanity, forty were removed prematurely by friends, two died, and four left the institution improved but not perfectly recovered. But two recent cases have remained and terminated in dementia. Further comment is unnecessary.

TABLE XI.

Showing the condition of all the cases of Mania a Potu discharged in six years.

Cases of mania a potu discharged recovered in 1843, . 19
Males, 16. Females, 3.
Died, ... 00

Cases of mania a potu discharged recovered in 1844, . 23
Males, 18. Females, 5.
Died, ... 4
Males, 3. Females, 1.

Cases of mania a potu discharged recovered in 1845, . 36
Males, 32. Females, 4.
Died, male, ... 1

Cases of mania a potu discharged recovered in 1846, . 51
Males, 45. Females, 6.
Died, male, ... 1

Cases of mania a potu discharged recovered in 1847, . 63
Males, 54. Females, 9.
Died, male, ... 1

Cases of mania a potu discharged recovered in 1848, . 75
Males, 65. Females, 10.
Died, male, ... 1

Thus in six years two hundred and seventy-five cases have been treated in this institution for mania a potu—namely, two hundred and thirty-seven males and thirty-eight females, Of this number two hundred and sixty-seven recovered and but eight died.

There is probably, in this country, no source of disease more fertile than *habitual intemperance in the use of intoxicating liquors.* Besides many which it excites, it also predisposes the body to attacks of fever, erysipelas, dysentery, dropsy, rheumatism and urinary disorders. Not only does it increase the proneness to inflammatory diseases also, but it eminently disposes them to unfavorable terminations, and causes many a victim to sink after accidents and operations, which would be comparatively trifling in a sober subject. Nor can we wonder at the pernicious effects of this kind of excess, when we consider the unsound state of function and structure which stimulating drinks induce, especially in the organs which they most directly affect, the stomach, the liver and the kidneys. These are the common, the ordinary effects of the habitual indulgence in alcoholic drinks—and several more might be added to the appalling list of diseases induced by intemperance.

Place this catalogue before the man who is beginning to acquire a taste for inebriating liquors, and he will feel alarmed; he will probably express his astonishment at the infatuation of the drunkard, and his determination to halt at once in his destructive career. Happy is it for such a one if his conviction of danger be abiding as it is powerful; unfortunately, however, it is in too many instances speedily effaced. Temptation again and again offers itself, and

triumphs over repeated sober resolves, till, in the sequel, the victim persuades himself that it is absurd to forego a positive pleasure through fear of remote and contingent evils; of maladies which hundreds, more intemperate than himself, escape altogether, and from many of which, he fondly believes, recovery is not uncommon. He who abandons himself to incessant or immoderate potations should know, that if he should escape some one of the frightful array of disorders before mentioned, he is yet obnoxious to one not less formidable—one which, though it may not prove immediately fatal, is still apt to leave him in a lamentable state of debility both of body and mind, and materially abridge the term of his existence. This disease is mania a potu or delirium tremens—a malady accompanied by a train of symptoms no less appalling to the spectator than agonizing to the wretched patient himself. He is apt to think himself in a strange place, and under a control from which he is constantly endeavoring to escape. He sees himself surrounded by hideous and loathsome objects,—toads, serpents and scorpions,—and he hears strange sounds and threatening voices. His countenance is expressive of extreme anxiety, fear and suspicion; he endeavors to escape from his imaginary tormentors, and if not properly watched is apt to commit suicide, or to destroy those who are about him, whom he mistakes for his enemies. Frightful visions succeed each other, with astonishing rapidity, through his distempered imagination, and fancies the most absurd and unreasonable produce all the effects of the dread reality. Some have encountered the horror of this disease twice, several three times, and one four during the year. Each attack but impairs and enfeebles the more the power of resistance, until at length the passion for drink becomes perfectly inexorable and irresistible. Many of the phenomena then presented by him strongly remind us of many of the manifestations of moral mania, and much evidence might be adduced to show that they are both connected with similar pathological conditions. If we observe these cases with care, all the characteristic features of partial insanity and of monomania, will then be found. With such the only truly valuable and effectual means of preventive will be found, it appears to us, in isolation and seclusion in an institution. The day is not distant, we think, when regular institutions will be established for reforming drunkards. It is necessary by long habits of sobriety, to overcome the disposition to intemperance; and this triumph cannot be effected unless its victim fly the opportunities, and indeed, render it

impossible to gratify it. Now, isolation and seclusion in an appropriate establishment, can alone fulfil these conditions. Instructions and religious precepts, the counsels of philosophy, the reading of treatises on temperance, the fear of physical and intellectual infirmities, the inevitable consequences of drunkenness, would be useful auxiliaries to isolation. Until, however, suitable places of refuge for reclaiming the confirmed inebriate are provided by legislative enactments, it becomes the duty of those having charge of the asylums to which they now resort, to neglect no means calculated to effect their reformation. And although the most powerful motives that can be presented, the most solemn promises and resolutions that can be exacted, a constant sense of shame and danger, bodily pain and chastisements, the prayers and supplications of friendship are too often of as little avail in reforming the drunkard, as they would be in averting an attack of fever or consumption, yet should we persevere in our efforts to reclaim him from his mad career.

Synoptical table of the cases treated in the general department.

NATURE OF DISEASE.	Recovered.	Improved.	Unimproved.	Died.	Total.
Typhoid fever,	5			1	6
Bilious remittent,	8				8
Intermittent fever,	2				2
Bronchitis,	13				13
Gastritis,	1				1
Pleurisy,	2				2
Pneumonia,	3				3
Phthis Pulmonalis,		1	3	4	8
Asthma,		2			2
Hæmoptysis,	1				1
General ill health,	8	6			14
Chlorosis and Amenorrhœa,	1	1			2
Ophthalmia,	2				2
Erysipelas,	1				1
Spinal affection,		1		1	2
Tonsillitis,	3				3
Prurigo,		1			1
Paralysis,	2		3		5
Gastro-enteritis,	6				6
Chronic diarrhœa,	1	1		1	3
Dysentery,	8			1	9
Disease of Bladder,	1				1
Rheumatism,	3				3
Bilious Colic,	4				4
Neuralgia,	2				2
Organic affection of heart,		1			1
Chronic Hepatitis,	2				2
Dyspepsia,	2	1			3
Pyrosis,	2				2
Hæmorroids,		1			1
Albuminuria,			1		1
Amaurosis,		1			1
Surgical affections,	8				8
	91	17	7	8	123

From this table it will be perceived that of the whole number that passed through the department for general diseases—namely, one hundred and twenty-three, ninety-one *recovered*, seventeen were *improved*, seven were discharged *unimproved*, and eight died. Of the deaths, one was of typhoid fever, four were of consumption, one of spinal abscess, one of chronic diarrhœa, and one of dysentery.

RECAPITULATION.

TABLE I.

Showing the number of cases and sex admitted in the department for general diseases from January 1st, 1848, *to January 1st,* 1849.

Patients in this department during the year, ... 123

Males	56	123
Females . . .	67	

At the commencement of the year there were . . . 12

Males	5	12
Females . . .	7	

Admitted in the course of the year, ... 111

Males	51	111
Females . . .	60	

Remaining in this department at the end of the year, . 20

Males	7	20
Females . . .	13	

TABLE II.

Showing the number of discharges, deaths, and the condition of those laboring under general disease, and who left the institution from January 1st, 1848, *to January 1st,* 1849.

Patients discharged, ... 103

Males	48	103
Females . . .	55	

Recovered,			83
	Males	35	83
	Females	48	
Improved,			9
	Males	6	9
	Females	3	
Unimproved,			4
	Males	3	4
	Females	1	
Died,			8
	Males	5	8
	Females	3	

GENERAL VIEW.

Patients treated in the insane department, 1848,	223
" " " general " "	123
Making an aggregate under treatment during the year of	356
Remaining in insane department, January 1st, 1849,	62
" general " " "	20
Whole number of inmates remaining January 1st, 1849,	82

PATIENTS RECEIVED ON CHARITY.

We cannot conclude this report without referring to the number of beneficiaries now in the institution, and making an appeal in their behalf to the humane and benevolent. Burdened, though the institution is, with a heavy load of debt, incurred in re-modelling and almost re-constructing the whole building, yet have the Sisters not been deaf to the claims of charity;—they have not been unmindful of the *insane poor and destitute.* On the contrary, many have been living on their bounty from the commencement of their labors among the insane. Many have been receiving the same kind care, the same affectionate attentions—have been clothed, fed and watched over with the same anxious regard for their recovery, as have those who have had the ability to pay, but *they* have been

unable to make any pecuniary compensation for their board, and other expenses. They have been brought to us borne down under that heaviest of afflictions—*that double misery—lost reason and a state of destitution*, and here they remain. Can the imagination picture to itself an object more deserving of commiseration than he whose mind is widely tossed by frightful fancies and fearful imaginations, and yet has not a place of shelter, or a friend to protect him in this his hour of sorest trial? Such was the condition of a poor Irish girl admitted into the Institution, July 22d, 1844, aged 20. She had but recently arrived from Ireland, leaving father, mother and friends behind, to seek a livelihood in a strange land. Finding herself destitute of friends, and disappointed in her calculations and expectations, she soon becomes a prey to those feelings which so try the mental powers, and which are comprehended under the name of Nostalgia, or in common phrase, home-sickness. Her spirits are oppressively borne down by the recollection of all she has parted with, and the distance that separates her from the cherished objects of her fond affection, and her reason is dethroned. In this condition she is received, and after a protracted attack of derangement, her reason again resumes its seat, and she appears in her right mind. Now she encounters the dread of again having to engage amongst strangers, in the struggle for a living, and the fear of again going into the world friendless and unaided, causes a greater feeling of anxiety than her enfeebled brain and nervous system can well bear. The consequence was a relapse. Her case has now terminated in incurable dementia. And she has now been supported by the bounty of the Sisters four years and a half. It is, for cases similar to that of "poor Kate," that we appeal to those who have been blessed by a Merciful Providence not only with sanity of mind, but with an abundance of this world's wealth. This case is but one of many who are now, and have for several years been enjoying the benefits of the institution, without making any compensation. For several years we have had an average number *on the charity list*, of from thirteen to sixteen. At the time of writing this, we have *sixteen full charity patients*, receiving its advantages, and paying nothing. Thus it will be perceived, that *twenty per cent.* of our patients are gratuitously attended to and supported by the institution. This fact speaks volumes in favor of the benevolent object and design of the institution. They conclusively demonstrate, that considerations of pecuniary aggrandizement constitute no part of the motives that actuated its founders

to engage in this benevolent work. No mercenary motive has influenced them. Their highest aspiration consists in the desire, to extend as widely as possible its sphere of usefulness, and to discharge faithfully to their God, and their fellow-men, the deeds of charity to which their lives are consecrated. To aid us in the promotion and furtherance of this good cause,—may we not then appeal, with strong confidence to the benevolent around us? If the benevolent, in whose midst we are laboring, would but remember the institution in their legacies, and bestow but a moiety of the means they possess to the benefit of the *insane poor*, what an incalculable amount of good could be accomplished? With such assistance the institution would be enabled to extend greatly its sphere of usefulness, and especially to the meritorious and suffering poor, who happen to be stricken by this double calamity—poverty and the loss of reason.

Respectfully submitted,

WILLIAM H. STOKES, *Physician.*

Drawn by C. Smith.